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carefully supplied.

of information should be PLAINLY,

should state

PHYSICIANS

AGE should be stated EXACTLY.

RECORD

PERMANENT

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8 D	ATE OF BIRT	н		/	
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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

JLL NAME Jury Just	mua
RESONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH May 4th, 1913 (Month) (Day) (Year)
(Month) (Day) (Year) If LESS than 1 day, hrs.	17 I HEREBY CERTIFY, That I attended deceased from 1913, to 2, 1913, that I last saw have allive on May 2, 1913 and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows:
8 9 yrs. 0 mos. 20 ds. QR min.? ON ssion, or of work. dure of industry,	General delility
establishment in (or employer)	Contributory (Secondary) (Duration) yrs. mos. ds.
HPLACE -ATHER e or country) Jermany EN NAME	(Signed) , M. D. May 7, 1913 (Address) Quara May *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
MOTHER Smith HPLACE IOTHER OF COURTY) Germany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted.
Joseph J. Beckman Dakend, R.S. Md	former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
19 1913 Naumy Street REGISTRAR	Deckman Farm May 6th, 1913 20 UNDERTAKER 1. ADDRESS DE Bolson Dakland, My
If more blanks are needed, address State Regis trar, 6	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (d)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," childbirth or miscarriage, as "Purrperal scptichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock." "Traemla," "Weakness," genitai," "Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 de.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

county Lant 6652	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 162
Village or City Dew Germany (No. 2 FULL NAME ada Arvador	St; Ward) alia Still Bown [It desth occorred is a hospital or institution give its NAME instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCES Single (Write the word) 6 DATE OF BIRTH May (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from the May 10 TF., 191, 191, 191, 191
7 AGE If LESS than t day,hrs. yrs. mos, ds. ORmin.? © OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	and that death occurred on the date stated above, st
which employed (or employer) Pairthplace (State or country) Per Germany 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) W 12 MAIDEN NAME OF OF MOTHER OTHER O	(Signed) (Deration) yrs mos ds. (Signed) (Deration) yrs mos ds.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) And Meleva Brodwater	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECERT RESIDENTS) At place of death yrs mos ds. State yrs, mos ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Mens Mannager 15 Filed REGISTRAR If more blanks are needed, address State Begistrar	Des Elemany mm Date of Burial 20 UNDERTAKER ADDRESS ADDRESS ADDRESS
and and addition from well that	, v m. standing BL, Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ili-"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will he sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal naterial worked on may form part of the second statement. Never return "Lahorer," "Foreman," it should he used only when needed. As examples: ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

oma. Sarcoma. etc., of _______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malig scpsis, tetanus) may he stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemin," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis pant neoplasms); Measles; Whooping cough; Chronic ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report The contributory liways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

Gounty Garrett 6653	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 164
FULL NAME Archibald	asteele Decett and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, X Married, Widowco, OROSUMORED (Write the word)	16 DATE OF DEATH Read 18, 1913. (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Meh 29, 183. (Month) (Day) (Year)	z , 1913, to , 1913
7 AGE If LESS th 1 day,	and that death occurred on the date stated above, at 11-20 a m
OCCUPATION (a) Trade, profession, or particular kind of work. (b) Beneral nature of industry, business, or establishmenf in which employed (or employer)	Old age, Chronic Broxchilos (Duration) — yrs. — mos. — ds
9 BIRTHPLACE (State or country) James Co Med.	(Secondary) (Durafieg) yrs mos ds
10 NAME OF Johne Decott 11 BIRTHPLACE	(Signed) , M D
State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE) Af place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Thur Down, Son	Where was disease confracted, If not at place of death? Former or usual residence
(Address) Hoyes md	Hoyes Date of Burial May 30, 1913
Filed Abay 29, 1913 John & Richter	
f more blanks are needed, address State Registrar.	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers neation, as Day laborer, Farm laborer, Laborer, Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciwho receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-For many occupations a single word or term on the applies to each and every person; irrespective of age ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: For persons (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaedent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Mcasles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: probably d8.;



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certificate.

Instructions

See

1 PLACE OF DEATH STATE OF MARYLAND 6654 CERTIFICATE OF DEATH Registered No. I'll death occurred in St:.....Ward) a hospital or institution. give its NAME instead of atreet and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED WIDOWED. (Month) Write the word) (Day) I HERESY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duratioo) which employed (or employer) -----Contributory 9 BIRTHPLACE (Secondary) (State or country 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 1 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER In the (State or country of death _____ yrs. ___ mos. ___ State _____ yrs ____ mos. __ Where was disease contracted. If not at place of death?. Former or osual residence DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balte., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the dibrable causing death—In a frection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ceretirospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcinologies of lungs, meninges, pertionacum, etc..

scpsis, tctanus) may be stated under the head such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver renund of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally. oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can Examples 10



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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH 6655 CERTIFICATE OF DEATH Registration Dist. No... [If death occurred in St.;....Ward) a hospital or institution, give its NAME Instead of streef and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, MAN WIDDWED, MONOROUS (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH , 191....., to..... (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: We class in allendance 8 OCCUPATION (a) Trade, protession, or perficular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory.... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 6, 191 3. (Address) termostables 11 BIRTHPLACE ENT OF FATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ds. State yrs, mos. ds Where wes disease confracted. If not et piece of death? usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

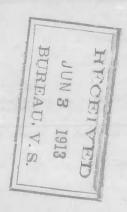
[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salcsman, For persons

Statement of cause of death—Name, first, the dibeable causing death—Name, first, the dibeable causing death—Name, first, the dibeable causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dibeumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

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childbirth or miscarriage, as "Purreman scotichaecause of death approved by Committee on Nomencla such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." genitai," "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrtits uant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railroay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of "Traemia," "Weakness," __ (name origin; "Can State cause for Examples: For vio-



1 PLACE OF DEATH STATE OF MARYLAND 6656 CERTIFICATE OF DEATH Registered No. 167 Ilf death occurred in St:Ward) a hospital or institution. RECORD give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 7 AGE If LESS than 1 dayhrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER 0 of 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTE 13 BIRTHPLACE 5 At place In the OF MOTHER (State or country DEATH of death _____ yrs. ___ mos. __ _ ds. _ State _____ yrs. ____ mos. ____ ds. Where was disease contracted. If not at place of death? ... of Former or 10 Every Item CAUSE OF Important. DATE OF BURIAL 15 ADDRESS REGISTRAN If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. alhrum Suh, Reg.

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[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Groccry; (a) Foreman, (b) Automobile factory. The It should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, heen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the dible and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

affection need not be stated unless important. such, If impossible to determine definitely. Examples: LENT NEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "TUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerral scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Ileart failure," "Haemorrhage," "Inaultion," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcasles (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Candeath), 29 State cause for Never report d8.



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 167 flf death occurred in St:Ward) a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Dav) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) (Year) 7 AGE If LESS than t day,hrs. min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment In which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death yrs. mos. ds. State yrs. Where was disease contracted. If not at place of death? usual residence DATE OF BURIAL If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborerstatement. Never material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the uature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causation with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

chlidbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla. injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg "Contributory." oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can Examples:



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH 6658 Registered No... Lit death occurred in St:Ward) a hospital or Institution. give its NAME instead et street and somber. 7 * FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 4 COLOR OR BACE SSEX MARRIED. WIDOWED, (Month) (Day) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at ... 1 day hrs. The CAUSE OF DEATH * Was as follo OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) yrs. mes. which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE Z OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER State yrs, ____ mos. ot death _____ yrs. ____ mos. ____ ds. (State or country) Where was disease contracted. BEST OF MY KNOWLEDGE It not at place of death?. Former or (Interment) -usual residence..... DATE OF BURIAL .., 191 15 ADDRESS Ourcered. M REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

wbo have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Never material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the return "Laborer," "Foreman," If the occupation bas As examples: For persons

pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup"); Typhoid fever (the only definite synonym is "Epidemic ceretime and causation), using aiways the same accepted causing death (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercubrospinal Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc.. for the same disease. meningitis"); Diphtheria (avoid use of fever (never Examples: Cerebrospinal report "Typboid Carcin-

> "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerpreral septichaeample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," tbenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Examples:



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact etatement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

C # 6659	STATE OF MARYLAND
County Garrett 0000	CERTIFICATE OF DEATH
Village or City Oakland (No. 1900)	Registered No. 193 St; Ward) St; Ward) Clieved Miller St; Ward a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Hite (Write the word)	16 DATE OF DEATH May 20, 1913. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended deceased from
OCHAR OF BIRTH	that I last saw has allow on Man 20 191/2
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 1 m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trado, profession, or particular kind of work. (b) General nature of industry, business, or establishmoat in which employed (or employer) Peirthplace (State or country) Prontg onery Convershow,	Contributory Corcue (Secondary) (Deration)
11 BIRTHPLACE OF FATHER 12 Maide or country) Howard Co. Maryland 12 Maide on NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) M. D. (Address) Oscar Cled
12 MAIDEN NAME of MOTHER fra Rebecca Chagett 13 BIRTHPLACE OF MOTHER (State or country) montgomery Co. Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds.
(Informant) Mr. A. A. Maggie H. Thayey	Where was disease contracted, It not at place of death? Former or osual residence
(Address) Dalland - Naveland - 15 Filed June 5th 1913 Nayout Dones REGISTRAN	DATE OF BURIAL OR REMOVAL DATE OF BURIAL May 7 1/1818 20 UNDERTAKER DORESS DORESS
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of III-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically, the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. It should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosts of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. childbirth or miscarriage. as "Pursperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms) : Measles; Whooping cough; Chronio cause of death approved by Committee on Nomencla-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchonneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for mallg-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: 01



N. B.—Every item of information should be sarefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

1 PLACE OF DEATH	STATE OF MARYLAND
County Sarrett 6660	CERTIFICATE OF DEATH
Village or City I fler Park (No	Registered No. [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Pale 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED, WIDOWED, WIDOWED, WRITE THE WORLD (Write the word)	(Month) (Day) (Year)
Sept 25, 1840 (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended deceased from Much 1913, to May 3 1913 that I last saw han alive on a form by 4 1913
7 AGE 11 LESS than 1 day, hrs. OR	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) Beneral nature of industry, business, or establishmeot in which employed (or employer) **BIRTHPLACE** (State or country)	(Duration) yrs. 18 mes. ds. Contributory (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) Af place in the ot death
(Address) Filed Park Ind. Filed May 16, 1813 Harland Decal REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Onay 5, 1913 20 UNDERTAKER ADDRESS Onall 1
If more blanks are needed, address State Registra	ur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., ness of various pursuits can be known. The question Screant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," Farmer or Planter, For persons "Foreman," (d)

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcinosis of lungs, meninges, peritonacum, etc., Carcinosis

which surgical operation was undertaken. For vio-cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purpersal scptichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic "Contributory." scpsis, tctanus) LENT DEATHS State MEANS OF INJUSY and qualify as Bronchonncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," State cause for Examples: 10

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V. S.

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PHYSICIANS

RECORD

1 PLACE OF DEATH STATE OF MARYLAND 6661 CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St:----Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 4 GOLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSINO DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the (State or country) of death yrs. State yrs. ___ mos. __ Where was disease contracted, 14 THE ABOVE IS TRUE If not at place of death?. Former or usual residence... 19 PLACE OF BURIAL OF REMOVAL 15 29 DINDERTAKEA ADDRES REGISTRAR

If more bianks are needed, address State Registrar, & E. Franklin St., Balto., Beduesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfuladditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations guinfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Bpidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital." "Senile," etc.), "Dropsy," "Exhaustion," theuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertakeu. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras Bronehopneumonia (secondary), 10 ds. Never report sepsis, tetanus) may be stated under the head by earbolic acid-probably suicide. The unture of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) For vio

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 4 1913
BUREAU, V.S.

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Every Item of Information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS MARGIN V. S. No. N. B.

BINDING

FOR

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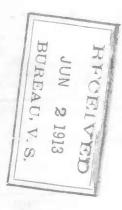
PLACE OF DEATH	STATE OF MARYLAND
County Garrett 6662	CERTIFICATE OF DEATH
Village or City Jehnan's (No	Registered No. [If death occurred in a hospital or institution, give its NAME instead of street and number.] Registered No.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Mite (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH Mcl 30, 1853 (Month) (Day) (Year)	that I last saw here alive on may 10 1913, and that death occurred on the date stated above, at 8 4 2 m.
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 8 a.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work	(Duration) / yrs mos ds.
9 BIRTHPLACE (State or country) maryland 10 NAME OF FATHER Samuel Markey	Contributory (Secondary) (Duration) (Signed) (Signed) (Signed) (Signed) (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant). Havy resurvinger	If not at place of death?————————————————————————————————————
16 Filed May 16 m. 1913 Thomas & Crowe REGISTRAR	PLACE OF BURIAL OR REMOVAL HASTING COMMENTS 20 UNDERTAKER ADDRESS Frostburg Furniture & Undertaking Co.
It more blanks are needed, address State Registrar, 6 1	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Araceru: (a) Foreman. (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Accidental drowning; Struck by railway train-accimia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purpersal septichae-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mailgmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples: ds.;



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN .T. S. No. 1.

County ALUAT 6663	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village of City Munt Munt Munt Marketing	[If death occurred in a hospital or lostitution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male 4 COLOR OF RACE 5 SINGLE, MARRIED, WIGOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH Month (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
BDATE OF BIRTH Choic 18th C.A.	17 I HEREBY CERTIFY, That I attended deceased from, 191, to
(Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than	and that death occurred on the date stated above, atm,
Tade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	The CAUSE OF DEATH was as softows: NUCK by fact Explicit Nam I Alfeet as that y Its physical summer, (Duration) yrs. mos. ds.
which employed (or employer) BIRTHPLACE (State or country) Maule	Contributory (Secondary) Aff (Duration) yrs mes ds.
10 NAME OF FATHER Not Science 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signer) , M. D. (Signer) , 175. (Address) , M. D. State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Spicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
Informant) (Address) (Address)	19 PLACE OF BURIAL OR BEMOVAL 19 PLACE OF BURIAL OR BEMOVAL 10 PLACE OF BURIAL OR BEMOVAL 20 UNDERTAKER ADDRESS 10 PLACE ADDRESS
If more blanks are needed, address State Registrate	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REAU, V.S.

1913

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[Approved by U. 8. Census and American Public Health
Association.]

fication, as Day laborer, Farm laborer, Laborer wbo have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation -- Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

ture of the American Medicai Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "PURRPERAL scptichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ampie: Measles - (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ... "Contributory." by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under Always qualify all diseases resulting from INCE IVED (Recommendations on statement of etc. State cause for (name origin; "Can death), 29 "Exhaustion," the head Examples: For vio-

Village or City New Now Force No. 12 FILLI NAME BANK Sove	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [It death occorred in a hospital or institution give its NAME lostead of street and number.]
A	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE William Color of Color of Race William Color of Color of Race William Color of Co	MEDICAL CERTIFICATE OF DEATH 10 DATE OF DEATH (Month) (Day) (Year) (Day) (Yea
Filed May 16, 1913 Naileag Somes REGISTRAR If more blanks are peeded, address State Registrar	20 UNDERTAKER
	VIIIage or City New York (No.) 2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARTIED, WIGOWED, WINGWED, WING

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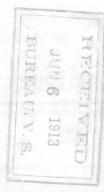
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[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can he known. The question tion is very important, so that the relative heaithfuiwho have no occupation whatever, write None. minc, etc. For many occupations a single word or term on the Statement of occupation-Spinner, If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) -Precise statement of occupa-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite); Tuderculosis of lungs, meninges, peritonacum, etc... Carcin-

cause of death approved by Committee on Nomenclascpsis, totanus) may he stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ds.; affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails: oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. Never report The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples:



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PLACE OF DEATH	STATE OF MARYLAND
6665	CERTIFICATE OF DEATH
Gounty Janey	04/ Bardetrotton Diet No. 172/
	Registration Dist. No.
Village or City Of CON (No	[It death occurred in
Viliage or City (No	St.; Ward) a hospital or institution, give its NAME instead
1/0. 1/.	of street and number.]
2FULL NAME	A 100 A
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, WIDOWED, SWEAKO	(Month) (Day (Year)
Male //hule ORDIVORCED (Write the word)	HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH	May 10 1013 10 May 18 1013
Van 26 m, 9/3	
Month) (Day (Year)	that I last saw h 11 alive on 1919
⁷ AGE it LESS than	and that death occurred on the date stated above, at 10 W.m.
1 t day,hrs.	The CAUSE OF DEATH* was as follows:
yrsmosds. ORmin.?	(°+ 00'++
8 OCCUPATION (a) Trade, profession, or	Mers Colles
particular kind of work	
(b) General nature of Industry, business, or establishment in	P
which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory & M. Wilk
(State or country) Lower Ma	And bowels (Duration) yrs mos ds.
10 NAME OF	NAP LOOD IN
FATHER Your Midlosta	(Signed) / T / O o f / M. D.
11 BIRTHPLACE	3/18,1913 (Address) Blance V. Va
11 BIRTHPLACE OF FATHER (State or country) 12 Malen NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
C 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a OF MOTHER JOHA LOWANASA	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
OF MOTHER (State or country) Kusala	of death yrs mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Your Vidiasta	Former or
(Informant)	usual residence
(Address) Wodson Illa	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16)11 10 () (0 (1) . 1	Reyser W. Va May 1 7.191 3
Flied May 18, 1913 S. Y. Warrick	20 UNDERTAKER / // ADDRESS
NORN REGISTRAR	Carrick & Kight Kitz miller
	strar, 6 E. Franklin St., Balto., Respecting V. S. No. 1/

[Approved by U. S. Consus and American Public Health Association.]

who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not cases, especially in industrial employments, it is necness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first liue will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal mentingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," ctc.), "Dropsy," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

BUREAU, V. S.

AUG 2 1913
BUREAU, V.S.

be signed

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N. B.

PHYSICIANS should state of OCCUPATION is very RECORD of information should be carefully supplied. AGE should be stated EXACTLY.

DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. PERMANENT 4 UNFADING INK-THIS WITH Every item of information should be CAUSE OF DEATH in plain terms, so PLAINLY, Important.

1 PLACE OF DEATH County Garrett	STATE OF M	
Village or Gity Branard (No.	Registration St; Wa	(If death occurred a hospital or institution give its NAME instead of street and number.)
² FULL NAME	MEDICAL CERTIFICATE	
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, Tha	(Day) , 1913
CMonth) (Day) (Year)	that I last saw h Am alive on Act	19201 , 1913.
If LESS than 1 day hrs. yrs. mos. ds or min.?	and that death occurred on the date state. The CAUSE OF DEATH * was as follows:	
(a) Trade, profession, or particular kind of work	(Duration)	yrs. mos ds.
BIRTHPLACE (State or country)	Contributory (Secondary)	
11 BIRTHPLACE OF FATHER (State or country) 2 Maiden Name OF MOTHER	(Signed) Will internation	r, in deaths from Violent ad (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the of death	
Informant) THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at piace of death? Former or usual residence	***************************************
(Address) Address) Address Add	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Fled May 3" , 1913 Isaac W. Abernathy	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

REGISTRAN

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. It should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all expect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla. childbirth or miscarriage. as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ampie: Measles (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for mallg ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples:



1 PLACE OF DEATH STATE OF MARYLAND 6667 CERTIFICATE OF DEATH OCCUPATION Registered No. [If death occurred in PHYSICIANS St :.....Ward) a hospital or institution, RECORD give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, W (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 30 4 (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated shove, s 1 day,hrs. The CAUSE OF DEATH * Was OR 7 8 OCCUPATION ACE (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in may which employed (or employer) ----certificate. BIRTHPLACE (State or country) (Secondary) that 10 NAME OF FATHER 9 50 11 BIRTHPLACE back (Address) terms, ARENT OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-6 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place to the OF MOTHER of death _____ yrs. ___ mos. ___ EATH (State or country) State _____ yrs. ____ mos. Where was disease contracted. If not at place of death?. A Former or OF usual residence Every Item CAUSE OF Important. DATE OF BURIAL (Address) 15 20 UNDERTAKE ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto,, Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-.\s examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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